FILING DATE SERIAL NO. **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 2nd AMENDMENT AFTER 1st AMENDMENT AS FILED DEP. DEP. DEP. IND. IND. DEP. DEP. IND. DEP. IND. -13 17-्र × 19 . 22 9- 1-13 3-1-13 TOTAL IND. E TOTAL _1 TOTAL DEP. TOTAL CLAIMS TOTAL DEP.

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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